Complete if Known Substitute for form 1449/PTO Application Number 08/462,703-Conf. #7915 INFORMATION DISCLOSURE June 5, 1995 Filing Date STATEMENT BY APPLICANT First Named Inventor Gary D. Hodgen 1616 Art Unit (Use as many sheets as necessary) Examiner Name D. D. Sullivan H1890.0537 Sheet Attorney Docket Number

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> ( <i>if known</i> )	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

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	CA	Schmidt et al., The New England Journal of Medicine, Vol. 324, No. 17, pgs. 1174-1179 (1991)				

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